

UNITED STATES DEPARTMENT OF THE INTERIOR  
MINERALS MANAGEMENT SERVICE  
GULF OF MEXICO REGION

# ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 30-MAR-2007 TIME: 0900 HOURS

2. OPERATOR: Energy Partners, Ltd.

REPRESENTATIVE: Tim Westerman

TELEPHONE: (504) 799-4881

CONTRACTOR: Superior Energy Services, Inc.

REPRESENTATIVE: Pat Wilson

TELEPHONE: (337) 233-5933

- ☐ STRUCTURAL DAMAGE  
☐ CRANE  
☐ OTHER LIFTING DEVICE  
☐ DAMAGED/DISABLED SAFETY SYS.  
☐ INCIDENT >\$25K  
☐ H2S/15MIN./20PPM  
☐ REQUIRED MUSTER  
☐ SHUTDOWN FROM GAS RELEASE  
☒ OTHER Rough sea conditions

3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR  
ON SITE AT TIME OF INCIDENT:

6. OPERATION:

4. LEASE: G24954

AREA: ST LATITUDE:

BLOCK: 41 LONGITUDE:

- ☐ PRODUCTION  
☐ DRILLING  
☐ WORKOVER  
☐ COMPLETION  
☐ HELICOPTER  
☒ MOTOR VESSEL  
☐ PIPELINE SEGMENT NO.  
☐ OTHER

5. PLATFORM: B

RIG NAME:

6. ACTIVITY: ☐ EXPLORATION (POE)  
☒ DEVELOPMENT/PRODUCTION  
(DOCD/POD)

8. CAUSE:

7. TYPE:

☐ HISTORIC INJURY

- ☒ REQUIRED EVACUATION 1  
☐ LTA (1-3 days)  
☐ LTA (>3 days)  
☐ RW/JT (1-3 days)  
☒ RW/JT (>3 days) 1  
☐ Other Injury

- ☐ EQUIPMENT FAILURE  
☒ HUMAN ERROR  
☐ EXTERNAL DAMAGE  
☐ SLIP/TRIP/FALL  
☒ WEATHER RELATED  
☐ LEAK  
☐ UPSET H2O TREATING  
☐ OVERBOARD DRILLING FLUID  
☐ OTHER \_\_\_\_\_

- ☐ FATALITY  
☐ POLLUTION  
☐ FIRE  
☐ EXPLOSION

- LWC ☐ HISTORIC BLOWOUT  
☐ UNDERGROUND  
☐ SURFACE  
☐ DEVERTER  
☐ SURFACE EQUIPMENT FAILURE OR PROCEDURES

9. WATER DEPTH: 70 FT.

10. DISTANCE FROM SHORE: 15 MI.

11. WIND DIRECTION: SE  
SPEED: 15 M.P.H.

12. CURRENT DIRECTION: WSW  
SPEED: 3 M.P.H.

13. SEA STATE: 3 FT.

COLLISION ☐ HISTORIC ☐ >\$25K ☐ <=\$25K

17. INVESTIGATION FINDINGS:

The boat captain of the Motor Vessel Ms. Melanie had to fight the ocean currents in order to position the boat to offload personnel and equipment to the Lift Boat Ram II. The lift boat crane operator lowered the personnel basket onto the back deck of the boat where the diver and deck hand loaded the basket with equipment. The boat drifted away from the crane while personnel loaded the basket causing the personnel basket to be off-centered from crane boom. The crane operator attempted to lift the off-centered basket to retrieve it, when the diver jumped on the basket. The basket struck the back deck of the boat while the diver remained on the basket. The diver's left leg hit the back handrail on the motor vessel. The diver jumped from the basket onto the rear deck of the boat and hit his right shoulder and arm on the deck. The diver was sent in for medical attention, where X-rays determined that he had a hairline fracture requiring that his arm be placed in a soft cast. The diver returned to work in Superior's shop on restricted work duty.

18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:

The sea conditions were rough and the boat captain should have cancelled the lift. Also, the diver should not have jumped on the basket. He should have allowed the cargo to be transported first or should have put the equipment in a cargo basket instead.

19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:

The boat drifted away from the crane causing an unsafe angle to make the lift.

20. LIST THE ADDITIONAL INFORMATION:

N/A

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECCURANCE NARRATIVE:

Due to the specific nature of this incident, the Houma District has no recommendations to report to the Regional Office of Safety Management.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None

25. DATE OF ONSITE INVESTIGATION:

NO

26. ONSITE TEAM MEMBERS:

**Amy Wilson /**

29. ACCIDENT INVESTIGATION

PANEL FORMED:

30. DISTRICT SUPERVISOR:

OCS REPORT:

**Michael J. Saucier**

APPROVED

DATE:

**29-MAY-2007**

# INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE

☒ INJURY

☒ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☐ OTHER \_\_\_\_\_

☐ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

